

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 10 | 3-9-01 |
| FORMALITY REVIEW | <i>AB</i> | 535 | 07-03-01 |
| RESPONSE FORMALITY REVIEW | <i>AB</i> | 50906 | 11/19/01 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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6/1/11
7/1/11
8/1/11